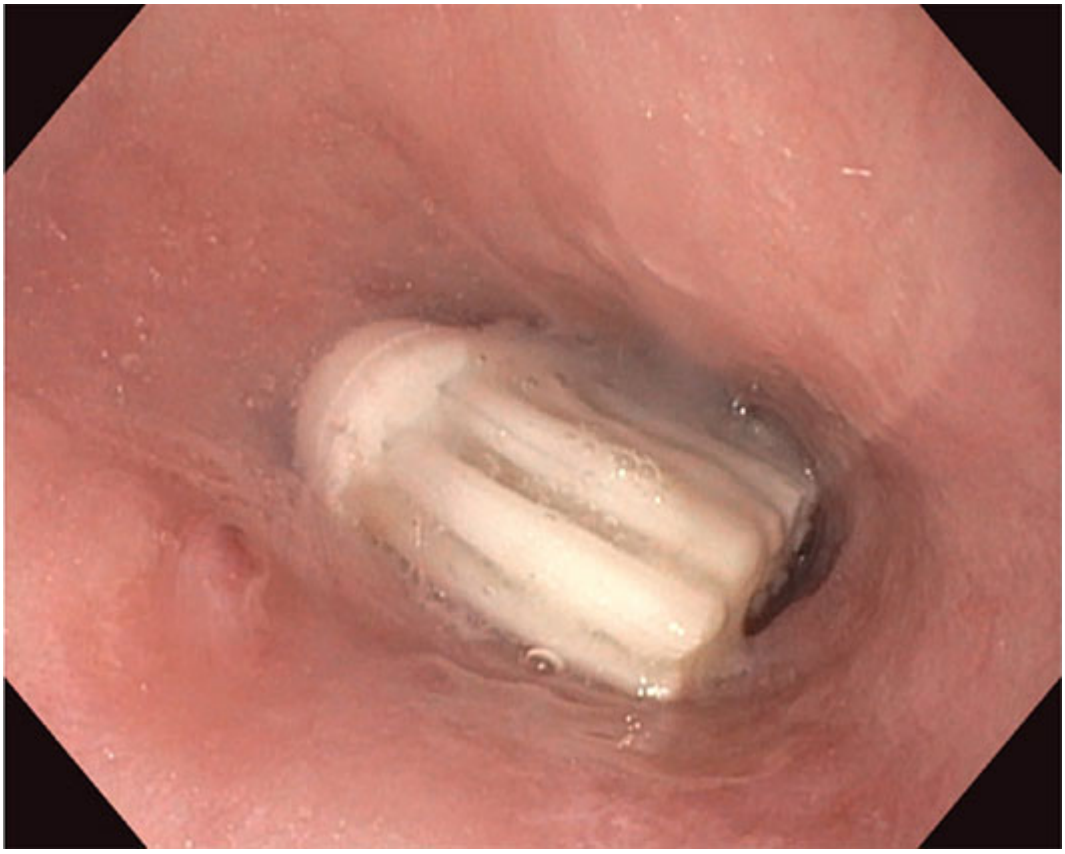

FIGURE 322-45 Esophageal foreign body. Intentionally ingested toothbrush impacted in the esophageal lumen.

Gastric Outlet Obstruction Obstruction of the gastric outlet is commonly caused by gastric, duodenal, or pancreatic malignancy or chronic peptic ulceration with stenosis of the pylorus **(Fig. 322-46)**. Patients vomit partially digested food many hours after eating. Gastric decompression with a nasogastric tube and subsequent lavage for removal of retained material is the first step in treatment. Endoscopy is useful for diagnosis and treatment. Patients with benign pyloric stenosis may be treated with endoscopic balloon dilation of the pylorus, and a course of endoscopic dilation results in long-term relief of symptoms in ~50% of patients. Removable, fully covered lumen-apposing metal stents (LAMS) may also be used to treat benign pyloric stenosis **(Video V5-15)**. Malignant gastric outlet obstruction can be relieved with endoscopically placed expandable stents in patients with inoperable malignancy **(Video V5-16)**.